2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763610

FILED May 01, 2006 Secretary of State

Entity Nan	ne: AUBURNDALE YOUTH FOOTBALL	LEAGUE, INC.
Current Pr	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX 2 AUBURND	2131 ALE, FL 33823	
Current Ma	ailing Address:	New Mailing Address:
P.O. BOX 2 AUBURND	2131 DALE, FL 33823	
	59-2157517 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation di Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
	ARA WOOD DRIVE HAVEN, FL 33880 US	BANKS, TARA PD 127 QUAILWOOD DRIVE WINTER HAVEN, FL 33880 US
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE: TARA BANKS		05/01/2006
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete BANKS, TARA 127 QUAILWOOD DRIVE WINTER HAVEN, FL 33880	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete YOUNG, MICHELLE 116 TEMPLE STREET WINTER HAVEN, FL 33880	Title: VD (X) Change () Addition Name: JOHNSON, DEXTER Address: 504 OSHEA COURT, APT B City-St-Zip: AUBURNDALE, FL 33823
Title: Name: Address: City-St-Zip:	TD () Delete BIRTHISEL, BETH 1921 16TH STREET N.W. WINTER HAVEN, FL 33880	Title: TD (X) Change () Addition Name: GOERS, DAWN Address: PO BOX 2365 City-St-Zip: EAGLE LAKE, FL 33839
		Title: SD () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA E BANKS PD 05/01/2006